MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08622

8617

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physician Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata (rural) x
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) T (Last) BERRY

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 19 55

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: May 7 1881 | 9. AGE last birthday 74 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Self | 11. BIRTHPLACE (State or foreign country): Charles Co Md | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Berry | 14. MOTHER'S MAIDEN NAME: Mary Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: William W Berry La Plata Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Sept, 19 55, to 17 Sept, 19 55, that I last saw the deceased alive on 17 Sept, 19 55, and that death occurred at 6 00 P M, from the causes and on the date stated above.

SIGNATURE Frederick M. Johnson M.D. ADDRESS La Plata Md. DATE SIGNED 19 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept 20 55 | NAME OF CEMETERY OR CREMATORY Mt Rest Cemetery | LOCATION (City, town, or county) (State) La Plata Md

DATE REC'D BY LOCAL REGISTRAR 9/21/55 | REGISTRAR'S SIGNATURE Julia H Toney | 24. FUNERAL DIRECTOR Hoff Funeral Home | ADDRESS Waldorf

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

8618

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08623

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Item 9, FilmG186 9-14-55 et

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata, Md. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Cooksey

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-18-1889

9. AGE Last birthday: 66 yrs. 2 mos. 17 ds. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alphous Murphy

14. MOTHER'S MAIDEN NAME: Mary Padgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Samuel Cooksey Bryantown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) CORONARY OCCLUSION — 9-2-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension. — 1953

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1955, to 9-2, 1955, that I last saw the deceased alive on 9-2 1955, and that death occurred at 10A m., from the causes and on the date stated above.

SIGNATURE E. Rhelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 9-2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 5 1955 — NAME OF CEMETERY OR CREMATORY: Mt Rest — LOCATION (City, town, or county) (State): La Plata, Md

DATE RECD BY LOCAL REG. 9/5/55 — REGISTRAR'S SIGNATURE: Julia A Posey

24. FUNERAL DIRECTOR: Waldorf, Md — ADDRESS: Hunt + Ryon

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8619

08624 Reg. Dist.

Items 18 Film G168 10-20-55 aak

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldorf, (rural)
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waldorf, Md. (Home)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Waldorf (rural) X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) D. (Last) DUCKETT

4. DATE OF DEATH (Month) (Day) (Year) Sept. 12 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 12 1955

9. AGE last birthday: ..... yrs. IF UNDER 1 YEAR: Months 2 mo. Days ..... IF UNDER 24 HRS.: Hours ..... Min. .....

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Sidney Duckett

14. MOTHER'S MAIDEN NAME: Essie Lyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Sidney Duckett, Waldprf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Interstitial pneumonitis; .....
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ....
DUE TO
(c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. .....

19a. DATE OF OPERATION: .....
19b. MAJOR FINDING OF OPERATION: .....
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY ..... M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Mehrer M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 9/13/55

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE THEREOF Sept. 14 1955
NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
LOCATION (City, town, or county) (State) Waldorf, Md.

DATE REC'D BY LOCAL REG. Sept 13-1955
REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Huntt Funeral Home
ADDRESS Waldorf, Md.

9V75 99V99V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8620

CERTIFICATE OF DEATH

Reg. Dist. No. 08625 170

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn COUNTY Chester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester 75 X-3
STREET ADDRESS (If rural give location) 117 Reamy Ave.

3. NAME OF DECEASED: (Type or Print) (First) Sandra (Middle) (Last) Hilton

4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH:
9. AGE last birthday: about 5 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samual Hilton
14. MOTHER'S MAIDEN NAME: Nellie Hilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825 X
IMMEDIATE CAUSE (A) Cerebral injury — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) auto accident
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR (City or town) La Plata (County) Waldorf Chas. (State) Md.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 Sept 55 9 P.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? auto accident

22. I hereby certify that I attended the deceased from ——, 19..., to ——, 19..., that I last saw the deceased alive on ——, 19..., and that death occurred at 7 P.M., from the causes and on the date stated above.
SIGNATURE [signature] M. D. ADDRESS La Plata DATE SIGNED Sept 3 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF Sept. 5, 1955 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Clarksville, Del
DATE REC'D BY LOCAL REGISTRAR 9/5/55 — REGISTRAR'S SIGNATURE Julia A Boney
24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08626

8621

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; MARYLAND; LENGTH OF STAY (In this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) (Last) HITE

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-27-13

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Ernest Hite

14. MOTHER'S MAIDEN NAME: Ida Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-01-4980

17. INFORMANT AND ADDRESS: Ernest Hite, 1620 N. Warwick Ave. Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7845

Immediate cause (a) Hemorrhage from Stomach — Interval between onset and death: 9-7-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ulcer (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): H. Helen MD

ADDRESS: La Plata Md

DATE SIGNED: 9-7-55

MEMORIAL, CREMATION OR REMOVAL (Specify): Removal

DATE THEREOF: 9-7-55

NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 9-7-55

REGISTRAR'S SIGNATURE: M. L. Mowers

24. FUNERAL DIRECTOR: Huntt & Ryon

ADDRESS: Waldorf, Md.

VS. AIDA

8622

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08627

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1 PLACE OF DEATH.
COUNTY Charles — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cobb Island — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cobb Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Adelaide (Middle) Rudd (Last) Jenkins

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1955

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W. — 8. DATE OF BIRTH: 7-7-1876 — 9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: own home — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James P. Howe — 14. MOTHER'S MAIDEN NAME: Catherine Rudd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Margaret Norris - Cobb Island, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4442X

IMMEDIATE CAUSE (A) Cerebral vascular accident — 1 hour.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Arteriosclerosis, generalized. — 4 years.

DUE TO (C) Cardio-renal disease — 6 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1947 to Sept, 1955, that I last saw the deceased alive on 8 Sept, 1955, and that death occurred at 5:35 P.M., from the causes and on the date stated above.

SIGNATURE J. Woodall, M.D. — ADDRESS La Plata. — DATE SIGNED 9 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9/12/55 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REGISTRAR 9/9/55 — REGISTRAR'S SIGNATURE Julia H. Posey — 24. FUNERAL DIRECTOR Calhoun Funeral Home — ADDRESS La Plata, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08628

8623

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Pomfret
LENGTH OF STAY (in this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Phyllis (Middle) Young (Last) Johnson

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 14 1955

9. AGE last birthday: yrs. 5 — IF UNDER 1 YEAR: Months 5, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis Irving Johnson

14. MOTHER'S MAIDEN NAME: Eleanor Ware

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Francis I. Johnson Pomfret.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (Final disease or condition resulting in death)	(a) 571.0 Enteritis acute severe	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Malnutrition	3 months
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1955, to 9/22, 1955, that I last saw the deceased alive on 9/22, 1955, and that death occurred at 1.30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Francis G Jensen M.D. Indian Head Md 9-22-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/24/55

NAME OF CEMETERY OR CREMATORY St. Mary's Catholic

LOCATION (City, town, or county) (State) Pomfret Md

DATE REC'D BY LOCAL REG. 9-26-55

REGISTRAR'S SIGNATURE M. L. Mowell

24. FUNERAL DIRECTOR Hamilton Ryon ADDRESS Waldorf Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08629

CERTIFICATE OF DEATH

8624 Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles Co MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata; LENGTH OF STAY (in this place) 3hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) (Last) LANHAM

4. DATE OF DEATH: (Month) SEPT (Day) 30 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: 13-18-1892 | 9. AGE last birthday: 62 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metal Smith | 10B. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Gun Yard | 11. BIRTHPLACE (State or foreign country): Washington DC | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Robert Lanham | 14. MOTHER'S MAIDEN NAME: Mary Beach

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 578-03-1525 | 17. INFORMANT & ADDRESS: Grace Lanham wife White Plains Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7½ hrs.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary artery disease — 3 mos.

DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to 30 Sept, 1955, that I last saw the deceased alive on 30 Sept., 1955, and that death occurred at 12:50 AM, from the causes and on the date stated above.

SIGNATURE J Woodley M.D. M.D. | ADDRESS La Plata Md. | DATE SIGNED 30 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/3/55 | NAME OF CEMETERY OR CREMATORY Geo. Wash. Mem. Park | LOCATION (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REGISTRAR 9/30/55 | REGISTRAR'S SIGNATURE Julia H Casey | 24. FUNERAL DIRECTOR W W Chambers & Co | ADDRESS 5-7-11 at Ave

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08630

8625

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laplata md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians men Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian head md.
STREET ADDRESS (If rural, give location) 11 Cagwell St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Mildred L Moye.	Sept. 30 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	White	married	may 16 1912	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	md. (Prince Georges)	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Arthur Murphy.	Mary C Combs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
		Ollie L Moye. Indian head md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	9-28-55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Glomerulo Nephritis	
	DUE TO (c) Diabetes	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 9-16-55, to 9-30-55, that I last saw the deceased alive on 9-30-55, and that death occurred at 8:00 m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
E Adelson	MD	LaPlata Md	9-30-55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/3/55	St. Charles	Bryantown, Md

DATE RECEIVED BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/2/55	Julia H Savoy	Herbert Funeral Home	LaPlata, Md

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8626

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08631

Reg. Dist. No. 100

Item 8, Film G187 9-28-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X La Plata
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physician Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Fla. COUNTY Pinellas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Petersburg 48 X 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) V (Last) Nevin

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 27 1876

9. AGE last birthday: 78 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: RR

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Mathias Nevin

14. MOTHER'S MAIDEN NAME: Mary Newland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hemorrhage, massive	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Intracerebral bleeding	3 days
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Sept, 1955, to 10 Sept 1955, that I last saw the deceased alive on 10 Sept 55, and that death occurred at 4:10 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J D Woodd MD — ADDRESS La Plata Md. — DATE SIGNED 10 Sept 55

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 9-12-55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Winchester, Conn.

DATE REC'D BY LOCAL REG. 9/12/55 — REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Hontt & Ryon — ADDRESS Waldorf Md

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08632

CERTIFICATE OF DEATH

2527 Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pamfret
STREET ADDRESS (If rural give location) X /

3. NAME OF DECEASED: (Type or Print) (First) CHARLIE (Middle) (Last) PRYOR

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1955.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	C.	W.	Aug 17, 1877	78 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	Md	US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Emily Pryor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no	— —	Mary Brown, Bryan, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X IMMEDIATE CAUSE	(A) Respiratory failure	30 min
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Cerebral vascular accident.	10 days
	(C) DUE TO Arteriosclerosis, Senility	3 years +
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
—		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
— M.		

22. I hereby certify that I attended the deceased from January, 1953, to Sept, 1955, that I last saw the deceased alive on 22 Sept, 1955., and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE J. Woodall M.D. ADDRESS La Plata. Md. DATE SIGNED 22 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9/26/55	St. Joseph	Pamfret, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/23/55	Julia H Casey	Penny & Lofland	Nanjemoy, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08633

CERTIFICATE OF DEATH

8628 Reg. Dist. No. 10

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X BRYANTOWN (RURAL)
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS STATE ROUTE #488
LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRYANTOWN (RURAL) X
STREET ADDRESS (If rural, give location) STATE ROUTE #488

3. NAME OF DECEASED: (First) ANDREW (Middle) JOHNSON (Last) QUADE
4. DATE OF DEATH: (Month) (Day) (Year) SEPTEMBER 18 1955

5. SEX: MALE
6. COLOR OR RACE: W - U.S.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY 21, 1888
9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: EMMANUEL QUADE
14. MOTHER'S MAIDEN NAME: LUCY (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: JOSEPH LANCASTER QUADE HUGHESVILLE, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) HYPERTENSIVE CARDIO-VASCULAR DISEASE	5 YEARS
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) CEREBRAL THROMBOSIS, LEFT	2 YEARS
DUE TO		
	(c) GENERALIZED ARTERIO-SCLEROSIS	5 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY, 1948, to SEPTEMBER 1955, that I last saw the deceased alive on SEPTEMBER 16 1955, and that death occurred at 8:00 P.M. EST, from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John N. Griffin M.D. Hughesville Md. 9/20/55

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 9/22/55
NAME OF CEMETERY OR CREMATORY St Mary's
LOCATION (City, town, or county) Bryantown (State) Md.

DATE REC'D BY LOCAL REG. 9.22.55
REGISTRAR'S SIGNATURE Mrs. E. Wills Posey
24. FUNERAL DIRECTOR ADDRESS H. Hunter Hawkins Hughesville Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08634

• 8629

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND md
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Php Mem Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Donnie (Middle) M (Last) Shorter

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: June 30, 55 | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months 3, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles co md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John M Shorter

14. MOTHER'S MAIDEN NAME: Shirley A Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Shirley A Gray Welcome, md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

571.0 IMMEDIATE CAUSE (A) Diarrhea

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 8-29-55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 19 55, to , 19 , that I last saw the deceased alive on 9-4, 19 55, and that death occurred at 3 M, from the causes and on the date stated above.

SIGNATURE C. J. Edelen M. D. ADDRESS Lap Plata DATE SIGNED 9-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF Sept 7 55 NAME OF CEMETERY OR CREMATORY St Catherines LOCATION (City, town, or county) (State) Mt Olivet md

DATE REC'D BY LOCAL REGISTRAR 9/1/55 REGISTRAR'S SIGNATURE Julia Hosey

24. FUNERAL DIRECTOR Orchard Funeral Home ADDRESS La Plata

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

08635

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

8630

Reg. Dist. No. 150

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 400 m St DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location) 400 m St S.E.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Margaret (Last) Smith
4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 1955

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept 8 '98
9. AGE last birthday 57 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Bertrum
14. MOTHER'S MAIDEN NAME Mary Margaret Macgrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS William Franklin Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	9-12-55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound fractures of left side	9-12-55
	(c) of face and skull	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Compound fracture femur & humerus left	9-12-55

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) White Plains (COUNTY) Chas. (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 12 (Year) 55 (Hour) 11 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Two car collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 9-13-55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 9/13/55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 9/13/55
REGISTRAR'S SIGNATURE Julia H. Doerg
24. FUNERAL DIRECTOR Eckhart Funeral Home
ADDRESS 2nd & C, Washington

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

8631 — 08636 — Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Preston — Regional — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) X Bryantown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland — 16 x -2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) Marshall (Last) Locke

4. DATE OF DEATH: (Month) Sept (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 24 1952

9. AGE last birthday: 3 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Thomas

14. MOTHER'S MAIDEN NAME: Locke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: No

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 472 — Bronchopneumonia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1955 to Sept 5, 1955, that I last saw the deceased alive on Sept 5, 1955, and that death occurred at 1 PM from the causes and on the date stated above.

SIGNATURE: Harry R Cobourn (Degree or title) M D — ADDRESS: Box 100 Leonardtown Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 8, 1955 — NAME OF CEMETERY OR CREMATORY: St Mary's — LOCATION (City, town, or county) (State): Bryantown Md

DATE REC'D BY LOCAL REGISTRAR: 9/8/55 — REGISTRAR'S SIGNATURE: Julia H Posey — 24. FUNERAL DIRECTOR — ADDRESS: Hewett & Ryon Waldorf Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08637

CERTIFICATE OF DEATH

8632 Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physician's Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bryans Road
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SWANN

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S | 8. DATE OF BIRTH: 9-30-55 | 9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours 3Hr Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Cecil Swann | 14. MOTHER'S MAIDEN NAME: Ruth Matilda Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Prematurity 6 Days — 3 Hours

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20, 1955 to 9-26-55 19.., that I last saw the deceased alive on 9-26, 1955 and that death occurred at 1255 M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS DATE SIGNED 9-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/21/55 | NAME OF CEMETERY OR CREMATORY Family Plot | LOCATION (City, town, or county) (State) Bryans Road, Md.

DATE REC'D BY LOCAL REGISTRAR 9/21/55 | REGISTRAR'S SIGNATURE Julia H Raney | 24. FUNERAL DIRECTOR Daniel A. Thompson | ADDRESS Bryans Rd. Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

08638

8633

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the abbreviations of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head — LENGTH OF STAY (In this place): 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) Roy (Last) THOMPSON
4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 55
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2-27-15
9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BELTON CHAS
12. CITIZEN OF WHAT COUNTRY? U.S. USA
13. FATHER'S NAME: Wm Adrian Thompson
14. MOTHER'S MAIDEN NAME: LENA PROCTOR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 577-24-2604
17. INFORMANT AND ADDRESS: Frances Irene Thompson Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 9-19-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C Gedelen (Degree or title): MD ADDRESS: La Plata Md DATE SIGNED: 9-18-55

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9-20 55 | REGISTRAR'S SIGNATURE: M. L. Moore

24. FUNERAL DIRECTOR | ADDRESS

8634

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08639

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: Phy. Mem Hos
COUNTY Chas Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) (Middle) Washington (Last)

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8. DATE OF BIRTH: 9-31-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Washington

14. MOTHER'S MAIDEN NAME: Estella Faulkner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Newburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 9-31-55

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity (Sick) wt 2 lbs 7 oz

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-31, 1955, to 9-31, 1955, that I last saw the deceased alive on 9-21, 1955, and that death occurred at 7:10 M, from the causes and on the date stated above.

SIGNATURE C. J. Cotellon M.D. ADDRESS La Plata Md DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 9/22/55 NAME OF CEMETERY OR CREMATORY Shiloh LOCATION (City, town, or county) (State) Waysde, Md.

DATE REC'D BY LOCAL REGISTRAR 9/21/55 REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Burke Shipley ADDRESS Waysde, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08640

8635

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine, (Rural nr. Waldorf) X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Arabella (Last) (Gibbons) Watson

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 30, 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: July 26, 1872

9. AGE last birthday 83 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Richard Gibbons

14. MOTHER'S MAIDEN NAME: Margaret Ann Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. W. C. Watson, Rt.1, Box 124, Brandywine, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 9-29-55

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertension — 1955

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1955 to 9-30, 1955, that I last saw the deceased alive on 9-30, 1955, and that death occurred at 1:30 P M, from the causes and on the date stated above.

SIGNATURE E. J. Fidelen M. D. ADDRESS La Plata, Md. DATE SIGNED 9-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-3, 1955 — NAME OF CEMETERY OR CREMATORY St Mary's — LOCATION (City, town, or county) (State) Aquasco Md

DATE REC'D BY LOCAL REGISTRAR 10/3/55 — REGISTRAR'S SIGNATURE Julia H Wascy

24. FUNERAL DIRECTOR The Heath Funeral Home — ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08641

8636

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaPlata — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Victoria — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PHYLLIS (Middle) Marie (Last) WELLS

4. DATE OF DEATH: (Month) SEPT (Day) 30 (Year) 1955

5. SEX: F — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S — 8. DATE OF BIRTH: July 21, 1955 — 9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 2½ Days — IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U S.

13. FATHER'S NAME: Robert Philmore Wells — 14. MOTHER'S MAIDEN NAME: Margaret Cecilia Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS. Margaret Barnes, Mt. Victoria

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Sept, 1955, to 30 Sept 1955, that I last saw the deceased alive on 29 Sept, 1955, and that death occurred at 4:20 A.M, from the causes and on the date stated above.

SIGNATURE Frederick M Johnson M. D. — ADDRESS La Plata, Md. — DATE SIGNED 30 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-1-55 — NAME OF CEMETERY OR CREMATORY Holy Ghost — LOCATION (City, town, or county) (State) Issue, Md

DATE REC'D BY LOCAL REGISTRAR 9/30/55 — REGISTRAR'S SIGNATURE Julia H Casey — 24. FUNERAL DIRECTOR — ADDRESS Arehart Funeral Home, LaPlata, Md

VS. A15—10-53

8637

08642

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Suffolk
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Revere
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) RITA (Middle) DELORES (Last) WHITE

4. DATE OF DEATH (Month) 9/15 (Day) (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1922

9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): clerk

10b. KIND OF BUSINESS OR INDUSTRY: Dry goods

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Ryan

14. MOTHER'S MAIDEN NAME: Catherine Crotny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Helen Feney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 9-6-5 DUE TO Multiple traumatic injuries

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) Waldorf (County) Charles (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9/1/55 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Found lying in road

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE Paul Feney M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/24/55 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 9-24-55 | REGISTRAR'S SIGNATURE M. L. Monroe | **24. FUNERAL DIRECTOR** Hall & Feney Home | ADDRESS [illegible]

VS. A15A - 5 - 53

08643

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8638

CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; LENGTH OF STAY (in this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; STREET ADDRESS (If rural, give location) Woodland Acres; X

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) F. (Last) WILSON

4. DATE OF DEATH: (Month) SEPT (Day) 1 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: June 22 1884

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Private

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua Gibson

14. MOTHER'S MAIDEN NAME: Meade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Raymond S Wilson Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary occlusion — Interval Between Onset and Death: 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina Pectoris — 3 Mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept 55, to 15 Sept 55, that I last saw the deceased alive on did not see alive, 19....., and that death occurred at 8 15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F.M. Johnson M.D. La Plata Md. 15 Sept 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept 3 1955 | NAME OF CEMETERY OR CREMATORY: Congressional Cemetery | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 9-3-55 | REGISTRAR'S SIGNATURE: C.C. Board | 24. FUNERAL DIRECTOR: Hunt & Ryon | ADDRESS: Waldorf, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08644

8639

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Phy. Memo. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Point X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) HERBERT (Middle) FRANCIS (Last) WISE

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1955.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8-15-1896

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rock Point Charles

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William L Wise

14. MOTHER'S MAIDEN NAME: Mary Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Grace M. Wise, Rock Point, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Respiratory collapse. — Interval between onset and death: 6 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral hemorrhage. — 16 days.

DUE TO (C) Hypertensive Cardiac disease — 3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1950, to 11 Sept, 1955, that I last saw the deceased alive on 11 Sept, 1955, and that death occurred at 6:50 P M, from the causes and on the date stated above.

SIGNATURE S Brooddy M. D. ADDRESS La Plata. DATE SIGNED 11 Sept 55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9/14/55 — NAME OF CEMETERY OR CREMATORY Holy Ghost — LOCATION (City, town, or county) (State) Issue Md

DATE REC'D BY LOCAL REGISTRAR 9/13/55 — REGISTRAR'S SIGNATURE Julia H Casey — 24. FUNERAL DIRECTOR Calvert Funeral Home Inc — ADDRESS La Plata Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08645

8640

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Phy. Mem. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) F (Last) Wright

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1955.

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: March 30, 1879 | 9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Charles Co | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James J Wright | 14. MOTHER'S MAIDEN NAME: Mollie Allen.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: James O. Wright Ironsides Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 IMMEDIATE CAUSE	(A) Acute Congestive Cardiac Failure	5 DAYS
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerotic Cardiovascular Disease	2 YRS
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Acute Uremia	30 DAYS

19A. DATE OF OPERATION: 9-9-55 | 19B. MAJOR FINDINGS OF OPERATION: Bilateral Indirect Inguinal Herniorrhaphy | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2-, 1955 to 9-19, 1955 that I last saw the deceased alive on 9-19, 1955, and that death occurred at 7:40 P.M. EST, from the causes and on the date stated above.

SIGNATURE J. Warren Jarboe M. D. ADDRESS La Plata, Md DATE SIGNED 9-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 21, 55	Marbury	Marbury Md.

DATE REC'D BY LOCAL REGISTRAR 9/20/55 | REGISTRAR'S SIGNATURE Julian H Posey | FUNERAL DIRECTOR Cuckoo Funeral Home | ADDRESS La Plata Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53